



**IOWA  
DEPARTMENT OF NATURAL RESOURCES**

**UNDERGROUND STORAGE TANK LICENSING**

**INDIVIDUAL RENEWAL  
2009**

**"CASHIER USE ONLY"**

**Mark type of license(s) you wish to renew with an "X":**

	Each	"X"
<b>INSTALLER</b>	<b>\$35</b>	
<b>INSTALLATION INSPECTOR</b>	<b>\$50</b>	
<b>COMPLIANCE INSPECTOR</b>	<b>\$50</b>	
<b>TESTER</b> <i>(includes Cathodic Protection and Tank/Line Tightness Tester)</i>	<b>\$35</b>	
<b>LINER</b>	<b>\$35</b>	
<b>**REMOVER</b>		

A non-refundable check or money order payable to the Department of Natural Resources must accompany each renewal application.

**Total Amount of  
Check/Money Order**

(attached): \$ \_\_\_\_\_

**APPLICANT INFORMATION:**

**EMPLOYER INFORMATION:**

<b>Applicant</b> Name: _____	<b>Individual's ID# (issued by DNR):</b> _____	<b>Company</b> Name: _____
<b>Home Mailing</b> Address: _____  City: _____  State: _____ Zip: _____  Cell or Mobile Phone Number: ( _____ ) _____  Work Phone: _____  Social Security Number*: _____		<b>Company Mailing</b> Address: _____  City: _____  State: _____ Zip: _____  Company Telephone: ( _____ ) _____  F A X: ( _____ ) _____  Company Contact: _____
<b>E-Mail Address:</b> _____  (Please Print Clearly)		

\*The Iowa Department of Natural Resources is required to collect social security numbers from all persons obtaining an occupational license under section 252J.8 of the Code of Iowa and 42 U.S. Code 666(a)(13). Your social security number will serve as your principal identification number to determine your eligibility for licenses. It will be provided to law enforcement agencies and the Iowa Child Support Collection Unit to establish, modify and enforce child support obligations. It WILL NOT appear on your license certificate.

\*\*Not yet available. Rules are under development.

COURSE TITLE	ORGANIZATION	DATE COMPLETED	CEUs EARNED

CERTIFICATION OR LICENSE TYPE	LICENSE NUMBER	ISSUING AGENCY	STATE	DATE ISSUED

**LIST THE UST SYSTEM MANUFACTURERS BY WHOM YOU HOLD CURRENT CERTIFICATION AND THE EQUIPMENT FOR WHICH YOU HAVE BEEN CERTIFIED** (i.e., Modern Welding, Veeder Root, Xerxes, Pisces-OPW, etc.). **Please attach certificate or approval notice for each:**

[illegible]

HAVE YOU HAD ANY LEGAL ACTION OR FORMAL COMPLAINTS LODGED AGAINST YOU AS A RESULT OF YOUR UST WORK? ☐ NO ☐ YES

If Yes, please explain:

DO YOU OR YOUR EMPLOYER HAVE AT LEAST \$250,000 OF POLLUTION LIABILITY INSURANCE IN EFFECT FOR ALL LICENSED INDIVIDUALS? ☐ NO ☐ YES

Name of Insurer: \_\_\_\_\_

NOTE: A copy of current policy and certificate of insurance **MUST** be on file in our office, or it will need to be provided with this application.

I hereby certify that the statements made in this application and all attached documents are true and accurate to the best of my knowledge. I understand that any statement made by me that is not accurate may serve as grounds to invalidate any certificate.

\_\_\_\_\_  
Signature of the Applicant (*In Ink*)

\_\_\_\_\_  
Date

**APPLICATION FEE:**

A non-refundable check or money order payable to the Department of Natural Resources must accompany each renewal application. Remit these fees, completed application, and required information to:

**Iowa Department of Natural Resources  
Underground Storage Tank Section  
Wallace State Office Building  
502 E Ninth Street  
Des Moines, IA 50319-0034**

**515/281-8779 or 515/281-8879**

(Q:UstProfessionals/IndividualRenewalApp)